

<i>SERFF Tracking Number:</i>	<i>MUTM-125822536</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40327</i>
<i>Company Tracking Number:</i>	<i>KENDRA SAYLER</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Individual Fixed Annuity- C666LAR08P</i>		
<i>Project Name/Number:</i>	<i>2008 SPIA - Ultra Income/C666LAR08P</i>		

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Individual Fixed Annuity- C666LAR08P
 SERFF Tr Num: MUTM-125822536 State: ArkansasLH

TOI: A05I Individual Annuities- Immediate Non-Variable
 SERFF Status: Closed State Tr Num: 40327

Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Co Tr Num: KENDRA SAYLER State Status: Approved-Closed

Filing Type: Form
 Co Status:
 Authors: Shelly Kaipust, Kim Meyerring, Krysia Gannon, Kendra Saylor

Reviewer(s): Linda Bird
 Disposition Date: 10/07/2008

Date Submitted: 09/22/2008 Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2008 SPIA - Ultra Income
 Project Number: C666LAR08P
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 10/07/2008
 State Status Changed: 10/07/2008
 Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 09/16/2008
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:

Deemer Date:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC 261-69868 FEIN 47-0322111

Individual Fixed Annuity

SERFF Tracking Number: MUTM-125822536 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40327
Company Tracking Number: KENDRA SAYLER
TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable
Product Name: Individual Fixed Annuity- C666LAR08P
Project Name/Number: 2008 SPIA - Ultra Income/C666LAR08P

Form C666LAR08P - Single Premium Immediate Annuity
Form C613LNA08A - Single Premium Immediate Annuity Application
Actuarial Memorandum

On behalf of United of Omaha Life Insurance Company, I am submitting the above captioned forms in final printed format for your review and approval. These forms contain no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, they comply with all your applicable statutes.

Form C666LAR08P is a single premium immediate annuity contract. The form may be issued with a variety of payout options. The applicant selects the payout schedule on the application and the schedule selected is displayed on the policy data page. Form C666LAR08P has no expense charges or policy fees. It is non-surrenderable. No assets backing this product are invested in a parent, subsidiary or other affiliate.

Form C666LAR08P will replace form 6051L-0295 which was approved by your Department on May 2, 1995. Application C613LNA08A is new and being filed to replace application B366LNA07A, which was approved by your Department on May 8, 2007.

Initially, our career agents, brokers and financial planners will offer this product for purchase with nonqualified and/or tax-qualified funds. It will be available to applicants through age 85 years. The initial minimum premium required for this policy is \$10,000 and must provide for a periodic payment equal to or greater than \$100.

The Flesch score of these forms meets or exceeds your state's requirements.

The required filing materials and supporting actuarial memoranda are enclosed. Thank you for your consideration of this submission. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Kendra Saylor
Product and Advertising Compliance Analyst
Regulatory Affairs

SERFF Tracking Number: MUTM-125822536 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40327

Company Tracking Number: KENDRA SAYLER

TOI: A05I Individual Annuities- Immediate Non- Sub-TOI: A05I.000 Annuities - Immediate Non-variable
Variable

Product Name: Individual Fixed Annuity- C666LAR08P

Project Name/Number: 2008 SPIA - Ultra Income/C666LAR08P

Phone: 402-351-2454

Fax: 402-351-5298

E-mail: Kendra.Sayler@mutualofomaha.com

Company and Contact

Filing Contact Information

Kendra Sayler, Product & Advertising Compliance Analyst
Regulatory Affairs Division
Omaha, NE 68175
kendra.sayler@mutualofomaha.com
(402) 351-2454 [Phone]
(402) 351-5298[FAX]

Filing Company Information

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(402) 351-6420 ext. [Phone]
CoCode: 69868
Group Code: 261
Group Name:
FEIN Number: 47-0322111
State of Domicile: Nebraska
Company Type: Life Insurance
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	09/22/2008	22640212

<i>SERFF Tracking Number:</i>	<i>MUTM-125822536</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40327</i>
<i>Company Tracking Number:</i>	<i>KENDRA SAYLER</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Individual Fixed Annuity- C666LAR08P</i>		
<i>Project Name/Number:</i>	<i>2008 SPIA - Ultra Income/C666LAR08P</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/07/2008	10/07/2008

<i>SERFF Tracking Number:</i>	<i>MUTM-125822536</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40327</i>
<i>Company Tracking Number:</i>	<i>KENDRA SAYLER</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Individual Fixed Annuity- C666LAR08P</i>		
<i>Project Name/Number:</i>	<i>2008 SPIA - Ultra Income/C666LAR08P</i>		

Disposition

Disposition Date: 10/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-125822536 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40327

Company Tracking Number: KENDRA SAYLER

TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: Individual Fixed Annuity- C666LAR08P

Project Name/Number: 2008 SPIA - Ultra Income/C666LAR08P

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR Fee Schedule Cert		Yes
Form	Single Premium Immediate Annuity		Yes
Form	Single Premium Immediate Annuity Application		Yes

SERFF Tracking Number: MUTM-125822536 State: Arkansas

Filing Company: United of Omaha Life Insurance Company State Tracking Number: 40327

Company Tracking Number: KENDRA SAYLER

TOI: A05I Individual Annuities- Immediate Non-Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable

Product Name: Individual Fixed Annuity- C666LAR08P

Project Name/Number: 2008 SPIA - Ultra Income/C666LAR08P

Form Schedule

Lead Form Number: C666LAR08P

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	C666LAR08P	Policy/Cont	Single Premium ract/Fratern Immediate Annuity al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	AR Policy - C666LAR08P .pdf
	C613LNA08A	Application/Single Premium Enrollment Form	Immediate Annuity Application	Initial		50	Application - C613LNA08A .pdf

a stock company

Single Premium Immediate Annuity

United of Omaha Life Insurance Company will make Annuity Payments to the Payee or, if no Payee is designated, the Owner as described in the Annuity Payments section of this contract.

United of Omaha Life Insurance Company will hereafter also be referred to as "we," "our," and "us." The Owner will hereafter also be referred to as "you" or "your."

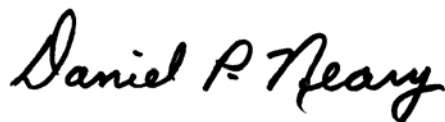
Right to Return This Contract. If you are not satisfied with your contract, return it within 30 days after you receive it. It may be returned by delivering or mailing it to our Home Office or to any of our agency offices. If you return this contract within the specified time, we will promptly refund the Single Premium you paid and cancel your contract as of the Issue Date.

READ YOUR CONTRACT CAREFULLY.

***This contract is a legal agreement between you, the Owner,
and us, United of Omaha Life Insurance Company.***

THIS CONTRACT IS NOT PARTICIPATING AND THEREFORE IT WILL PAY NO DIVIDENDS.

For customer service or questions about your coverage, please call [(XXX) XXX-XXXX].



**Chairman of the Board and
Chief Executive Officer**



Corporate Secretary

THIS PAGE INTENTIONALLY LEFT BLANK

DATA PAGE

CONTRACT NUMBER: 1234567

OWNER: JOHN J. DOE

ANNUITANT:	SEX:	AGE:
1 JOHN J. DOE	MALE	65

ISSUE DATE: September 1, 2008

PAYMENT START DATE: October 1, 2008

SINGLE PREMIUM AMOUNT: \$100,000

-----PAYMENT SCHEDULE-----

ANNUITY PAYMENT

\$ 678.03

Guaranteed Period and Life. Annuity Payments will be payable monthly for 10 years and 0 months or as long as the Annuitant lives, whichever is later. Any Remaining Guaranteed Benefit is payable after the death of the Annuitant.

TABLE OF CONTENTS	PAGE
DEFINITIONS.....	1
CONSIDERATION.....	1
ANNUITY PAYMENTS.....	2
Annuity Payments	2
Interest on Death Benefit.....	2
Death of Owner Before Annuity Starting Date	2
Death of Owner On or After Annuity Starting Date	3
CONTRACT PARTIES.....	3
Owner	3
Change of Ownership	3
Assignment	3
Payee	3
Beneficiary	3
GENERAL PROVISIONS.....	4
Entire Contract.....	4
Incontestability	4
Misstatement of Age or Sex	4
Proof of Age or Survival	4
Notification of Death.....	4
Nonparticipating.....	4
Taxes	4
Conformity with Law	4

DEFINITIONS

Capitalized terms used in this contract are used with the meanings assigned to them in this section of the contract.

Annuitant means the person(s) named as the Annuitant(s) on the Data Pages and whose life or lives determine the Annuity Payments. The Annuitant(s) cannot be changed.

Annuity Payments means the payments described in the Payment Schedule of the Data Pages.

Annuity Starting Date means the “annuity starting date” within the meaning of section 72(c)(4) of the Code, which is the first day of the first period (year, half-year, quarter, or month, depending on whether Annuity Payments are made annually, semiannually, quarterly, or monthly) which ends on the Payment Start Date.

Beneficiary means the person(s) or legal entity(ies) described in the Owner and Beneficiary section of this contract to receive the Annuity Payments under the circumstances set forth in this policy.

Data Pages means the pages of this contract following the cover page identified as “Data Pages.” The Data Pages contain information specific to you, the Annuitant and the benefits provided.

Executive Officer means the chief executive officer, the president, any vice-president, the corporate secretary or assistant corporate secretary of United of Omaha Life Insurance Company.

Code means the Internal Revenue Code of 1986, as amended.

Home Office means, at the time of the delivery of this contract, our offices located at the address shown on the cover page of this contract. Upon any relocation of our Home Office, Home Office will mean the offices located at such changed address.

Issue Date means the date shown as the “Issue Date” in the Data Pages.

Owner means the person(s) or entity(ies) shown as the “Owner” in the Data Pages.

Payee means the person(s) or entity(ies) described in the Payee section of this contract to receive the Annuity Payments under the circumstances set forth in this policy.

Payment Start Date means the date specified as the “Payment Start Date” in the Data Pages.

Annuity Year means each yearly period commencing on the Payment Start Date and each anniversary of the Payment Start Date thereafter while this policy is in effect.

Qualified Plan means a tax qualified retirement plan under the Code, including Sections 219, 401(a), 403(b) or 408, that qualifies for special federal income tax treatment.

Remaining Guaranteed Benefit means those Annuity Payments, if any, which continue to be paid for the guaranteed period of time or in the guaranteed amount shown in the Data Pages following the death of the Annuitant or, if this contract is based on the life of two Annuitants, both Annuitants.

Single Premium Amount means the premium payment shown as the “Single Premium Amount” in the Data Pages.

Written Request means a request, in writing, signed, dated, and submitted to our Home Office. The request must be on a form we supply or be in a form and content acceptable to us.

CONSIDERATION

The consideration for this contract is the application and the payment of the Single Premium Amount.

ANNUITY PAYMENTS

Annuity Payments

Except as otherwise provided in the ANNUITY PAYMENTS section of this contract, we will make Annuity Payments to the Payee or, if no Payee is designated on the application, to you if the Single Premium Amount for this contract has been paid. Annuity Payments will be made in the amount and for the period of time shown in the Payment Schedule of the Data Pages.

If this contract does not have a Remaining Guaranteed Benefit: If this contract is based on the life of one Annuitant, Annuity Payments will begin on the Payment Start Date and continue only as long as the Annuitant is living. If the Annuitant dies, no further Annuity Payments will be made and no part of the Single Premium Amount will be refunded.

If this contract is based on the life of two Annuitants, Annuity Payments will begin on the Payment Start Date and continue as long as either Annuitant is living. The amount of the Annuity Payments continuing while the surviving Annuitant is alive may change as shown in the Data Pages. If both Annuitants should die, no further Annuity Payments will be made and no part of the Single Premium Amount will be refunded.

If this contract has a Remaining Guaranteed Benefit: If this contract is based on the life of one Annuitant, Annuity Payments will begin on the Payment Start Date and continue until the last Annuity Payment due before the death of the Annuitant is paid. If the Annuitant dies before all Annuity Payments in the guaranteed amount or for the guaranteed period shown on the Data Pages have been paid, we will continue to pay the Remaining Guaranteed Benefit.

If this contract is based on the life of two Annuitants, Annuity Payments will begin on the Payment Start Date and continue as long as either Annuitant is living. The amount of the Annuity Payments continuing while the surviving Annuitant is alive may change as shown in the Data Pages. If both Annuitants should die before all Annuity Payments in the guaranteed amount or for the guaranteed period shown on the Data Pages have been made, we will continue to pay the Remaining Guaranteed Benefit.

Upon your Written Request to us, you may receive the commuted value of the Remaining Guaranteed Benefit in one lump sum. The commuted value will equal the present value of the Remaining Guaranteed Benefit discounted by interest rates of 1% greater than the interest rates originally used to calculate the Annuity Payments.

Interest on Death Benefit

Interest on the Death Benefit will accrue and be payable from the Insured's date of death.

Interest will accrue at the rate or rates applicable on the date of the Insured's death for funds left on deposit with us. If we have not then established a rate for funds left on deposit with us, interest will accrue at the Two-Year Treasury Constant Maturity Rate as published by the Federal Reserve. If that rate should not then be published by the Federal Reserve, we will use whatever other rate most closely resembles that rate.

Death of Owner Before Annuity Starting Date

If this contract is based on the life of one Annuitant: If you die before the Annuity Starting Date and you are not also the Annuitant, we will pay the Beneficiary the Single Premium Amount. Upon such payment, this contract will terminate and no Annuity Payments will be made.

If you die before the Annuity Starting Date and you are also the Annuitant, we will pay the commuted value of the Remaining Guaranteed Benefit, if any, to the surviving joint owner. If there is no surviving joint owner, payments will be made to the Beneficiary. The commuted value will equal the present value of the Remaining Guaranteed Benefit discounted by interest rates of 1% greater than the interest rates originally used to calculate the Annuity Payments.

If this contract is based on the life of two Annuitants: If you die before the Annuity Starting Date and you are also not an Annuitant, we will pay the Beneficiary the Single Premium Amount. Upon such payment, this contract will terminate and no Annuity Payments will be made.

If you die before the Annuity Starting Date and you are also the first Annuitant to die, we will pay the commuted value of the Annuity Payments and Remaining Guaranteed Benefit, if any, to the surviving joint owner. If there is no surviving joint owner, such commuted value will be made to the Beneficiary. The commuted value will equal the present value of the Annuity Payments and Remaining Guaranteed Benefit discounted by interest rates of 1% greater than the interest rates originally used to calculate the Annuity Payments. Mortality rates for the surviving Annuitant will be based on the Annuity 2000 Mortality table.

If you die before the Annuity Starting Date and you are also the sole surviving Annuitant, we will pay the commuted value of the Remaining Guaranteed Benefit, if any, to the surviving joint owner. If there is no surviving joint owner, payments will be made to the Beneficiary. The commuted value will equal the present value of the Remaining Guaranteed Benefit discounted by interest rates of 1% greater than the interest rates originally used to calculate the Annuity Payments.

Rules for applying Death of Owner Before Annuity Starting Date provisions: If this contract is jointly owned, the Death of Owner Before Annuity Starting Date provisions apply at the death of the first Owner to die.

If the sole surviving owner or sole Beneficiary is the deceased Owner's spouse, the spouse may, instead of receiving the Single Premium Amount or such commuted value, elect to become the new Owner and to continue this contract. Such election must be made by Written Request to us no later than 90 days following the death of the Owner. This provision allowing a spouse to continue the contract may only be used once.

In the event any Owner is not a natural person and an Annuitant dies before the Annuity Starting Date, such Annuitant will be treated as the Owner for purposes of the Death of Owner Before Annuity Starting Date section of this contract.

Death of Owner On or After Annuity Starting Date

If you die on or after the Annuity Starting Date, we will pay the Annuity Payments and any Remaining Guaranteed Benefit to the surviving joint owner. If there is no surviving joint owner, payments will be made to the Beneficiary.

CONTRACT PARTIES

Owner

As the Owner, you have all rights of ownership in this contract. Your rights of ownership end at your death. These rights include the right to name a new Owner, name and change the Beneficiary, receive the Annuity Payments and to name and change the Payee to receive the Annuity Payments. If this contract is jointly owned, these rights must be exercised jointly.

Change of Ownership

If this contract is not issued in connection with a Qualified Plan, you may name a new person or legal entity to become the Owner of this contract by Written Request to us. Unless you specify otherwise in the Written Request, the ownership change will be effective on the date the Written Request is signed, but it will not be binding on us until recorded at our Home Office. We will have no responsibility or liability for any payments made or actions taken between the date the Written Request was signed and the date it was recorded by us at our Home Office.

Assignment

You may assign this contract or any interest in this contract to another person or legal entity by Written Request to us. Unless you specify otherwise in the Written Request, the assignment will become effective on the date the Written Request was signed, but it will not be binding on us until recorded at our Home Office. We will have no responsibility or liability for any payments made or action taken between the date the Written Request was signed and the date it was recorded by us at our Home Office.

Payee

The Payee is named by you in the application. The Payee may be one or more persons or legal entities. If the Payee is more than one person or legal entity, they will share the benefit equally or as you may otherwise specify in the application or by Written Request to us.

You may change the Payee by Written Request to us. Unless you specify otherwise in the Written Request, it will be effective on the date the Written Request is signed, but it will not be binding on us until we have recorded it at our Home Office. Any rights created by a change of Payee will be subject to any payments made or other action taken by us before the date the Written Request was signed and the date it was recorded at our Home Office.

Beneficiary

The Beneficiary is named by you in the application. The Beneficiary may be one or more persons or legal entities. If the Beneficiary is more than one person or legal entity, they will share the benefit equally or as you may otherwise specify in the application or by Written Request to us. If you name a contingent beneficiary, that person becomes the Beneficiary if the Beneficiary dies before you. If there is no named Beneficiary living when you die, your estate will become the Beneficiary.

You may change the Beneficiary by Written Request to us. Unless you specify otherwise in the Written Request, it will be effective on the date the Written Request is signed, but it will not be binding on us until we have recorded it at our Home Office. Any rights created by a change of Beneficiary will be subject to any payments made or other action taken by us before the date the Written Request was signed and the date it was recorded at our Home Office. If the Beneficiary designation in effect is irrevocable, the Beneficiary must also sign the Written Request.

GENERAL PROVISIONS

Entire Contract

This contract is an agreement between you and us. The entire contract is:

- (a) this contract;
- (b) the attached signed application;
- (c) any riders; and
- (d) any endorsements and amendments.

All statements made in the application will, in the absence of fraud, be considered representations and not warranties. We will not use any statement in defense of a claim or to contest the contract unless it is in a written application.

Any change made to this contract requires an Executive Officer's written consent. An agent does not have authority to change this contract or waive any of its terms.

Incontestability

We will not contest the validity of this contract after it has been in force during the lifetime of the Annuitant for two years from the Issue Date.

Misstatement of Age or Sex

If the age or sex of the Annuitant(s) has been misstated, we will adjust the Annuity Payments to that which would have been purchased at the correct age and sex. Any adjustment will be made to the Annuity Payments next following such date of adjustment. Any amount deducted from or added to the Annuity Payments will include interest on that amount at an annual rate of 6%.

Proof of Age or Survival

We reserve the right to require proof of the age or survival of any Annuitant prior to our making any Annuity Payment.

Notification of Death

You must report to us promptly the death of any Owner, Annuitant or Payee. We will require a certified copy of the death certificate. We are entitled to recover any overpayments made because of your failure to timely notify us of death. You are liable to us for any overpayments, including any overpayments made to a Payee other than the Owner. We are not responsible for any mispayments that result from your failure to timely notify us of such death.

Nonparticipating

This contract will not pay dividends nor share in any of our surplus or earnings.

Taxes

Some states impose an annuity premium tax. If a tax is charged or due, we will deduct the amount from the Single Premium Amount.

Conformity with Law

We reserve the right to make any change to the provisions of this contract to comply with, or give you the benefit of, any federal or state statute, rule, or regulation. This contract should be construed to comply with the requirements of section 72(s) of the Code.

SINGLE PREMIUM IMMEDIATE ANNUITY

THIS CONTRACT IS NOT PARTICIPATING AND THEREFORE IT WILL PAY NO DIVIDENDS.

UNITED OF OMAHA LIFE INSURANCE COMPANYA Mutual *of* Omaha Company

Mutual of Omaha Plaza, Omaha, NE 68175

Type of Annuity: ☐ Non-Qualified ☐ 1035 Exchange ☐ Qualified**1 Owner**

Name _____

Address _____

City _____ State _____ ZIP _____

Social Security Number _____ - _____ - _____

Telephone () _____ Sex ☐ Male ☐ Female

Age _____ Date of Birth _____

Are you a citizen of the United States? ☐ Yes ☐ No

If "No," please provide:

Permanent Resident Card Number _____

Visa (specify type) _____

2 Joint Owner

Name _____

Address _____

City _____ State _____ ZIP _____

Social Security Number _____ - _____ - _____

Telephone () _____ Sex ☐ Male ☐ Female

Age _____ Date of Birth _____

Are you a citizen of the United States? ☐ Yes ☐ No

If "No," please provide:

Permanent Resident Card Number _____

Visa (specify type) _____

3 Annuitant

Name _____

Address _____

City _____ State _____ ZIP _____

Social Security Number _____ - _____ - _____

Telephone () _____ Sex ☐ Male ☐ Female

Age _____ Date of Birth _____

Relationship to Owner _____

Are you a citizen of the United States? ☐ Yes ☐ No

If "No," please provide:

Permanent Resident Card Number _____

Visa (specify type) _____

4 Joint Annuitant

Name _____

Address _____

City _____ State _____ ZIP _____

Social Security Number _____ - _____ - _____

Telephone () _____ Sex ☐ Male ☐ Female

Age _____ Date of Birth _____

Relationship to Owner _____

Annuitant's Spouse ☐ Yes ☐ NoAre you a citizen of the United States? ☐ Yes ☐ No

If "No," please provide:

Permanent Resident Card Number _____

Visa (specify type) _____

5 Beneficiaries: (If multiple Beneficiaries, attach separate sheet)

Primary Beneficiary _____

Relationship to Annuitant _____ Social Security or Tax I.D. No. _____

Contingent Beneficiary _____

Relationship to Annuitant _____ Social Security or Tax I.D. No. _____

6 Single Premium Amount

\$ _____ If a 1035 Exchange, supply adjusted cost basis (sum of contributions less nontaxable withdrawals): \$ _____

7 Payment Schedule:**Payment****Start Date**

____/____/____

____/____/____

____/____/____

Amount of**First Payment**

\$ _____

\$ _____

\$ _____

Payment Option**(e.g., 10-yr. certain)**

Cost of Living**Adjustment (1-6%)**

Payment Frequency**(e.g., mo., qtr., semi.)**

Payee: ☐ Owner ☐ Annuitant (Payment Start Date(s) must be at least 30 days from the date the Premium is received.)

8 Please answer the following tax withholding questions.

Federal ☐ I DO NOT want Federal Taxes withheld. ☐ Withhold taxes based on my completed Federal Form W-4P which is attached.

Taxes: ☐ I DO want \$ _____ withheld per payment (minimum \$5.00 unless CA, IN, MO, MT, NJ, then minimum is \$10.00).

State Taxes: Required to be withheld in IA, ME, MA, VT & VA if Federal Taxes are withheld. CA & OR requires the applicant to note if state taxes are not to be withheld. You can choose to withhold state taxes in AZ, IN, MD, MN, MI, MO, MT, NE, NJ and WI. The remaining states do not allow state taxes to be withheld.

☐ I DO NOT want state taxes withheld.

☐ I DO want \$ _____ withheld per payment (minimum \$5.00 unless CA, IN, MO, MT, NJ, then minimum is \$10.00).

9 Replacement

(a) Do you have one or more individual life insurance policies and/or annuity contracts in force (including any that have been assigned or sold), pending, or terminated in the last 13 months? This includes any life insurance policy(ies) and/or annuity contract(s) under a binding or conditional receipt, or any life insurance policy(ies) and/or annuity contract(s) within an unconditional refund period. ☐ Yes ☐ No (If answered "Yes" complete (b))

(b) Have you had or do you intend to have any life insurance policy(ies) and/or annuity contract(s) replaced, converted, reduced, reissued, subjected to borrowing, or otherwise discontinued because of this application? ☐ Yes ☐ No
If "Yes," give name of Company(ies) and Policy Number(s):

Company _____ Policy Number _____

Company _____ Policy Number _____

Company _____ Policy Number _____

If you answered "Yes" to (a) or (b), certain state laws require that a replacement notice and other information be given to you.

Notice to Residents in All States (Except New York) Unless Otherwise Indicated Below: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Colorado Residents Only: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Notice to Kansas Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties as determined by a court of law.

Notice to Maine Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to Massachusetts Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, and may subject such person to criminal and civil penalties.

Notice to Oregon/Vermont Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

Notice to Puerto Rico Residents Only: Any person who knowingly, and with intent to defraud or deceive any insurance company includes false information in an application for insurance or files, assists, or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefits, or files more than one claim for the same loss or damage, may be guilty of a felony. Upon conviction, that person will be fined between \$5,000 and \$10,000, imprisoned for three (3) years or both. Aggravating or attenuating circumstances may result in the prison term being increased to five (5) years or reduced to two (2) years.

Notice to Virgin Islands Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal penalties.

Notice to Washington Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

10 Agreement

- ☐ I understand that my health conditions may affect my annuity payout, and I choose to have my health history submitted for underwriting consideration
- ☐ I represent that my answers in this application are true and complete to the best of my knowledge and belief.

Owner's
Signature **X** _____ Date _____ Signed at _____
City State

Joint Owner's
Signature **X** _____ Date _____ Signed at _____
City State

11 Producer Information

1. Does the owner(s) have any existing individual life insurance and/or annuity contracts? ☐ Yes ☐ No
2. Do you have any reason to believe the policy applied for has replaced or will modify any existing individual life insurance policy and/or annuity contract? ☐ Yes ☐ No

If the answer to 1 or 2 above is "Yes," I represent that I have fulfilled any state requirements, including completing any state required replacement forms.

Producer
Signature **X** _____ Producer Number _____ Producer Name
(Please Print) _____

Agency Name _____ Phone Number _____

Agency Address _____ City _____ State _____ ZIP _____

<i>SERFF Tracking Number:</i>	<i>MUTM-125822536</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United of Omaha Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40327</i>
<i>Company Tracking Number:</i>	<i>KENDRA SAYLER</i>		
<i>TOI:</i>	<i>A05I Individual Annuities- Immediate Non-Variable</i>	<i>Sub-TOI:</i>	<i>A05I.000 Annuities - Immediate Non-variable</i>
<i>Product Name:</i>	<i>Individual Fixed Annuity- C666LAR08P</i>		
<i>Project Name/Number:</i>	<i>2008 SPIA - Ultra Income/C666LAR08P</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	MUTM-125822536	State:	Arkansas
Filing Company:	United of Omaha Life Insurance Company	State Tracking Number:	40327
Company Tracking Number:	KENDRA SAYLER		
TOI:	A05I Individual Annuities- Immediate Non-Variable	Sub-TOI:	A05I.000 Annuities - Immediate Non-variable
Product Name:	Individual Fixed Annuity- C666LAR08P		
Project Name/Number:	2008 SPIA - Ultra Income/C666LAR08P		

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/18/2008

Comments:

Attachments:

AR Certif of Compliance with Rule 19.pdf

AR Read Cert.pdf

Review Status:

Satisfied -Name: AR Fee Schedule Cert

09/22/2008

Comments:

Attachment:

AR Fee Schedule Cert .pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: United of Omaha Life Insurance Company

Form Number(s): C666LAR08P, C613LNA08A

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.


Signature of Company Officer

Daniel J. Kennelly

Name

Vice President and Chief Compliance Officer

Title

September 22, 2008

Date

CERTIFICATION

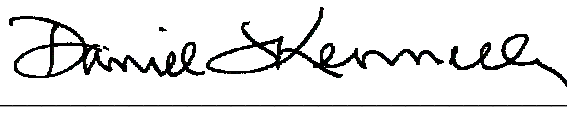
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
C666LAR08P	Single Premium Immediate Annuity Policy	50.3
C613LNA08A	Single Premium Immediate Annuity Application	50.3*

*When scored with the policy.

United of Omaha Life Insurance Company

Date: September 22, 2008



Daniel J. Kennelly
Vice President & Chief Compliance Officer

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Kendra Saylor

402-351-2454

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* 1 X \$50 = \$ 50

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* _____ X \$20 = _____

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**